PART B PHYSICIAN/SUPPLIER PROCEDURE SUMMARY MASTER RECORD

	NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
****	PART B PHYSICIAN/SUPPLIER PROCEDURE SUMMARY MASTER RECORD	REC	70	1	70	PART B PHYSICIAN/SUPPLIER PROCEDURE MASTER 1991 TO CURRENT. SYSTEM ALIAS: BMADPRO1 COBOL ALIAS: PROC-REC
****	PROCEDURE KEY	GROUP	21	1	21	THE PROCEDURE KEY GROUP COBOL ALIAS: PROC-KEY
1.	HCFA COMMON PROCEDURE CODING SYSTEM CODE	CHAR	5	1	5	THE HEALTH CARE FINANCING ADMINISTRATION (HCFA) COMMON PROCEDURE CODING SYSTEM (HCPCS) IS A COLLECTION OF CODES THAT REPRESENT PROCEDURES, SUPPLIES, PRODUCTS AND SERVICES WHICH MAY BE PROVIDED TO MEDICARE BENEFICIARIES AND TO INDIVIDUALS ENROLLED IN PRIVATE HEALTH INSURANCE PROGRAMS. THE CODES ARE DIVIDED INTO THREE LEVELS, OR GROUPS, AS DESCRIBED BELOW: LEVEL I CODES AND DESCRIPTORS COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION'S CURRENT PROCEDURAL TERMINOLOGY, FOURTH EDITION (CPT-4). THESE ARE 5 POSITION NUMERIC CODES REPRESENTING PHYSICIAN AND NONPHYSICIAN SERVICES. **** NOTE: **** CPT-4 CODES INCLUDING BOTH LONG AND SHORT DESCRIPTIONS SHALL BE USED IN ACCORDANCE WITH THE HCFA/AMA AGREEMENT. ANY OTHER USE VIOLATES THE AMA COPYRIGHT. LEVEL II INCLUDES CODES AND DESCRIPTORS COPYRIGHTED BY THE AMERICAN DENTAL ASSOCIATION'S CURRENT DENTAL TERMINOLOGY, SECOND EDITION (CDT-2). THESE ARE 5 POSITION ALPHA-NUMERIC CODES COMPRISING THE D SERIES. ALL OTHER LEVEL II CODES AND DESCRIPTORS ARE APPROVED AND MAINTAINED JOINTLY BY THE ALPHA-NUMERIC EDITORIAL PANEL (CONSISTING OF HCFA, THE HEALTH INSURANCE ASSOCIATION OF AMERICA, AND THE BLUE CROSS AND BLUE SHIELD ASSOCIATION). THESE ARE 5 POSITION ALPHA-NUMERIC CODES REPRESENTING PRIMARILY ITEMS AND NONPHYSICIAN SERVICES THAT ARE NOT

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					REPRESENTED IN THE LEVEL I CODES. LEVEL III CODES AND DESCRIPTORS DEVELOPED BY MEDICARE CARRIERS OFOR USE AT THE LOCAL (CARRIER) LEVEL. THESE ARE 5 POSITION ALPHA-NUMERIC CODES IN THE W, X, Y OR Z SERIES REPRESENTING PHYSICIAN PHYSICIAN AND NONPHYSICIAN SERVICES THAT ARE NOT REPRESENTED IN THE LEVEL I OR LEVEL II CODES. THESE CODES ARE USED FOR OUTPATIENT SERVICES ONLY. STANDARD ALIAS: HCPCS_CD SAS ALIAS: PROCCD SOURCE: UNIFORM BILL HCFA FORM 1450, 1500, 1491 (AMBULANCE SERVICES ONLY) ITEM 50 - DESCRIPTION
2. HCPCS MODIFIER CODE	CHAR	2	6	7	HCPCS MODIFIERS RECEIVED ON THE CLAIM ARE SHOWN. IF MULTIPLE MODIFIERS ARE REPORTED, THE INITIAL MODIFIER IS SHOWN. STANDARD ALIAS: HCPCS_MDFR_CD SAS ALIAS: MOD1 EDIT-RULES: IF NO MODIFIER USED, LEAVE BLANK. ALSO SHOW ANY MODIFIER ADDED BY CARRIER FOR ADMINISTRATIVE PURPOSES. ALSO SEE SECOND MODIFIER FIELD.
3. PHYSICIAN SUPPLIER SPECIALTY CODE	CHAR	2	8	9	THE HCFA CODE SHOWING THE TYPE OF PHYSICIAN/ SUPPLIER SPECIALTY PROVIDING THE SERVICE. STANDARD ALIAS: HCFA_PRVDR_SPCLTY_CD SAS ALIAS: SPECCODE CODES: **PRIOR TO 5/92** 01 = GENERAL PRACTICE 02 = GENERAL SURGERY 03 = ALLERGY (REVISED 10/91 TO MEAN ALLERGY/

IMMUNOLOGY)
04 = OTOLOGY, LARYNGOLOGY, RHINOLOGY (REVISED 10/91 TO MEAN OTOLARYNGOLOGY)
05 = ANESTHESIOLOGY
06 = CARDIOVASCULAR DISEASE (REVISED 10/91 TO MEAN CARDIOLOGY)
07 = DERMATOLOGY
08 = FAMILY PRACTICE
09 = GYNECOLOGY--OSTEOPATHS ONLY (DELETED 10/91; CHANGED TO '16')
10 = GASTROENTEROLOGY
11 = INTERNAL MEDICINE
12 = MANIPULATIVE THERAPY (OSTEOPATHS ONLY) (REVISED 10/91 TO MEAN OSTEOPATHIC

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					MANIPULATIVE THERAPY)
					13 = NEUROLOGY
					14 = NEUROLOGICAL SURGERY (REVISED 10/91 TO MEAN NEUROSURGERY)
					15 = OBSTETRICS--OSTEOPATHS ONLY (DELETED 10/91; CHANGED TO '16')
					16 = OB-GYNECOLOGY
					17 = OPHTHALMOLOGY, OTOLOGY, LARYNGOLOGY RHINOLOGY--OSTEOPATHS ONLY (DELETED 10/91; CHANGED TO '18' IF PHYSICIANS PRACTICE IS MORE THAN 50% OPHTHALMOLOGY OR TO '04' IF PHYSICIAN'S PRACTICE IS MORE THAN 50% OTOLARYNGOLOGY. IF PRACTICE IS 50/50, CHOOSE SPECIALTY WITH GREATER ALLOWED CHARGES.
					18 = OPHTHALMOLOGY
					19 = ORAL SURGERY (DENTISTS ONLY)
					20 = ORTHOPEDIC SURGERY
					21 = PATHOLOGIC ANATOMY, CLINICAL PATHOLOGY-OSTEOPATHS ONLY (DELETED 10/91; CHANGED TO '22')
					22 = PATHOLOGY
					23 = PERIPHERAL VASCULAR DISEASE OR SURGERY (DELETED 10/91; CHANGED TO '76')
					24 = PLASTIC SURGERY (REVISED TO MEAN PLASTIC AND RECONSTRUCTIVE SURGERY).
					25 = PHYSICAL MEDICINE AND REHABILITATION
					26 = PSYCHIATRY
					27 = PSYCHIATRY, NEUROLOGY (OSTEOPATHS ONLY) (DELETED 10/91; CHANGED TO '86')
					28 = PROCTOLOGY (REVISED 10/91 TO MEAN COLORECTAL SURGERY).
					29 = PULMONARY DISEASE

30 = RADIOLOGY (REVISED 10/91 TO MEAN DIAGNOSTIC RADIOLOGY)
31 = ROENTGENOLOGY, RADIOLOGY (OSTEOPATHS) (DELETED 10/91; CHANGED TO '30')
32 = RADIATION THERAPY--OSTEOPATHS (DELETED 10/91; CHANGED TO '92')
33 = THORACIC SURGERY
34 = UROLOGY
35 = CHIROPRACTOR, LICENSED (REVISED 10/91 TO MEAN CHIROPRACTIC)
36 = NUCLEAR MEDICINE
37 = PEDIATRICS (REVISED 10/91 TO MEAN PEDIATRIC MEDICINE)
38 = GERIATRICS (REVISED 10/91 TO MEAN GERIATRIC MEDICINE)
39 = NEPHROLOGY
40 = HAND SURGERY
41 = OPTOMETRIST - SERVICES RELATED TO CONDITION OF APHAKIA (REVISED 10/91 TO MEAN OPTOMETRIST)
42 = CERTIFIED NURSE MIDWIFE (ADDED 7/88)

1 PART B PHYSICIAN/SUPPLIER PROCEDURE SUMMARY MASTER RECORD

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					43 = CERTIFIED REGISTERED NURSE ANESTHETIST (REVISED 10/91 TO MEAN CRNA, ANESTHESIA ASSISTANT)
					44 = INFECTIOUS DISEASE
					46 = ENDOCRINOLOGY (ADDED 10/91)
					48 = PODIATRY - SURGERY CHIROPODY (REVISED 10/91 TO MEAN PODIATRY)
					49 = MISCELLANEOUS (INC ASCS)
					51 = MEDICAL SUPPLY COMPANY WITH C.O. CERTIFICATION (CERTIFIED ORTHOTIST - CERTIFIED BY AMERICAN BOARD FOR CERTIFICATION IN PROSTHETICS AND ORTHOTICS.
					52 = MEDICAL SUPPLY COMPANY WITH C.P. CERTIFICATION (CERTIFIED PROSTHETIST - CERTIFIED BY AMERICAN BOARD FOR CERTIFICATION IN PROSTHETICS AND ORTHOTICS).
					53 = MEDICAL SUPPLY COMPANY WITH C.P.O. CERTIFICATION (CERTIFIED PROSTHETICS - ORTHOTIST - CERTIFIED BY AMERICAN BOARD FOR CERTIFICATION IN PROSTHETICS AND ORTHOTICS).
					54 = MEDICAL SUPPLY COMPANY NOT INCLUDED IN 51, 52, OR 53.
					55 = INDIVIDUAL CERTIFIED ORTHOTIST
					56 = INDIVIDUAL CERTIFIED PROSTHETIST

57 = INDIVIDUAL CERTIFIED PROSTHETICS - ORTHOTIST
58 = INDIVIDUALS NOT INCLUDED IN 55,56 OR 57
59 = AMBULANCE SERVICE SUPPLIER (E.G. PRIVATE AMBULANCE COMPANIES, FUNERAL HOMES, ETC.)
60 = PUBLIC HEALTH OR WELFARE AGENCIES (FEDERAL, STATE, AND LOCAL)
61 = VOLUNTARY HEALTH OR CHARITABLE AGENCIES (E.G. NATIONAL CANCER SOCIETY, NATIONAL HEART ASSOCIATION, CATHOLIC CHARITIES)
62 = PSYCHOLOGIST--BILLING INDEPENDENTLY
63 = PORTABLE X-RAY SUPPLIER--BILLING INDEPENDENTLY (REVISED 10/91 TO MEAN PORTABLE X-RAY SUPPLIER)
64 = AUDIOLOGIST (BILLING INDEPENDENTLY)
65 = PHYSICAL THERAPIST (INDEPENDENT PRACTICE)
66 = RHEUMATOLOGY (ADDED 10/91)
67 = OCCUPATIONAL THERAPIST--INDEPENDENT PRACTICE
68 = CLINICAL PSYCHOLOGIST
69 = INDEPENDENT LABORATORY--BILLING INDEPENDENTLY (REVISED 10/91 TO MEAN INDEPENDENT CLINICAL LABORATORY -- BILLING INDEPENDENTLY)
70 = CLINIC OR OTHER GROUP PRACTICE, EXCEPT

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					GROUP PRACTICE PREPAYMENT PLAN (GPPP)
					71 = GROUP PRACTICE PREPAYMENT PLAN - DIAGNOSTIC X-RAY (DO NOT USE AFTER 1/92)
					72 = GROUP PRACTICE PREPAYMENT PLAN - DIAGNOSTIC LABORATORY (DO NOT USE AFTER 1/92)
					73 = GROUP PRACTICE PREPAYMENT PLAN - PHYSIOTHERAPY (DO NOT USE AFTER 1/92)
					74 = GROUP PRACTICE PREPAYMENT PLAN - OCCUPATIONAL THERAPY (DO NOT USE AFTER 1/92)
					75 = GROUP PRACTICE PREPAYMENT PLAN - OTHER MEDICAL CARE (DO NOT USE AFTER 1/92)
					76 = PERIPHERAL VASCULAR DISEASE (ADDED 10/91)
					77 = VASCULAR SURGERY (ADDED 10/91)
					78 = CARDIAC SURGERY (ADDED 10/91)
					79 = ADDICTION MEDICINE (ADDED 10/91)
					8O = CLINICAL SOCIAL WORKER (1991)
					81 = CRITICAL CARE-INTENSIVISTS (ADDED 10/91)
					82 = OPHTHALMOLOGY, CATARACTS SPECIALTY

(ADDED 10/91; USED ONLY UNTIL 5/92)
83 = HEMATOLOGY/ONCOLOGY (ADDED 10/91)
84 = PREVENTIVE MEDICINE (ADDED 10/91)
85 = MAXILLOFACIAL SURGERY (ADDED 10/91)
86 = NEUROPSYCHIATRY (ADDED 10/91)
87 = ALL OTHER (E.G. DRUG AND DEPARTMENT STORES) (REVISED 10/91 TO MEAN ALL OTHER SUPPLIERS)
88 = UNKNOWN (REVISED 10/91 TO MEAN PHYSICIAN ASSISTANT)
90 = MEDICAL ONCOLOGY (ADDED 10/91)
91 = SURGICAL ONCOLOGY (ADDED 10/91)
92 = RADIATION ONCOLOGY (ADDED 10/91)
93 = EMERGENCY MEDICINE (ADDED 10/91)
94 = INTERVENTIONAL RADIOLOGY (ADDED 10/91)
95 = INDEPENDENT PHYSIOLOGICAL LABORATORY (ADDED 10/91)
96 = UNKNOWN PHYSICIAN SPECIALTY (ADDED 10/91)
99 = UNKNOWN--INCL. SOCIAL WORKER'S PSY-CHIATRIC SERVICES (REVISED 10/91 TO MEAN UNKNOWN SUPPLIER/PROVIDER)

EFFECTIVE 5/92

00 = CARRIER WIDE
01 = GENERAL PRACTICE
02 = GENERAL SURGERY
03 = ALLERGY/IMMUNOLOGY
04 = OTOLARYNGOLOGY
05 = ANESTHESIOLOGY
06 = CARDIOLOGY
07 = DERMATOLOGY
08 = FAMILY PRACTICE
09 = GYNECOLOGY (OSTEOPATHS ONLY)

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					(DISCONTINUED 5/92 USE CODE 16)
					10 = GASTROENTEROLOGY
					11 = INTERNAL MEDICINE
					12 = OSTEOPATHIC MANIPULATIVE THERAPY
					13 = NEUROLOGY
					14 = NEUROSURGERY
					15 = OBSTETRICS (OSTEOPATHS ONLY) (DISCONTINUED 5/92 USE CODE 16)
					16 = OBSTETRICS/GYNECOLOGY
					17 = OPHTHALMOLOGY, OTOLOGY, LARYNGOLOGY, RHINOLOGY (OSTEOPATHS ONLY) (DISCONTINUED 5/92 USE CODES 18 OR 04

DEPENDING ON PERCENTAGE OF PRACTICE)
18 = OPHTHALMOLOGY
19 = ORAL SURGERY (DENTISTS ONLY)
20 = ORTHOPEDIC SURGERY
21 = PATHOLOGIC ANATOMY, CLINICAL PATHOLOGY (OSTEOPATHS ONLY) (DISCONTINUED 5/92 USE CODE 22)
22 = PATHOLOGY
23 = PERIPHERAL VASCULAR DISEASE, MEDICAL OR SURGICAL (OSTEOPATHS ONLY) (DISCONTINUED 5/92 USE CODE 76)
24 = PLASTIC AND RECONSTRUCTIVE SURGERY
25 = PHYSICAL MEDICINE AND REHABILITATION
26 = PSYCHIATRY
27 = PSYCHIATRY, NEUROLOGY (OSTEOPATHS ONLY) (DISCONTINUED 5/92 USE CODE 86)
28 = COLORECTAL SURGERY (FORMERLY PROCTOLOGY)
29 = PULMONARY DISEASE
30 = DIAGNOSTIC RADIOLOGY
31 = ROENTGENOLOGY, RADIOLOGY (OSTEOPATHS ONLY) (DISCONTINUED 5/92 USE CODE 30)
32 = RADIATION THERAPY (OSTEOPATHS ONLY) (DISCONTINUED 5/92 USE CODE 92)
33 = THORACIC SURGERY
34 = UROLOGY
35 = CHIROPRACTIC
36 = NUCLEAR MEDICINE
37 = PEDIATRIC MEDICINE
38 = GERIATRIC MEDICINE
39 = NEPHROLOGY
40 = HAND SURGERY
41 = OPTOMETRY (REVISED 10/93 TO MEAN OPTOMETRIST)
42 = CERTIFIED NURSE MIDWIFE (EFF 1/87)
43 = CRNA, ANESTHESIA ASSISTANT (EFF 1/87)
44 = INFECTIOUS DISEASE
45 = MAMMOGRAPHY SCREENING CENTER
46 = ENDOCRINOLOGY (EFF 5/92)
48 = PODIATRY
49 = AMBULATORY SURGICAL CENTER

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					(FORMERLY MISCELLANEOUS)
					50 = NURSE PRACTITIONER
					51 = MEDICAL SUPPLY COMPANY WITH CERTIFIED ORTHOTIST (CERTIFIED BY AMERICAN BOARD FOR CERTIFICATION IN

PROSTHETICS AND ORTHOTICS)
52 = MEDICAL SUPPLY COMPANY WITH CERTIFIED PROSTHETIST (CERTIFIED BY AMERICAN BOARD FOR CERTIFICATION IN PROSTHETICS AND ORTHOTICS)
53 = MEDICAL SUPPLY COMPANY WITH CERTIFIED PROSTHETIST-ORTHOTIST (CERTIFIED BY AMERICAN BOARD FOR CERTIFICATION IN PROSTHETICS AND ORTHOTICS)
54 = MEDICAL SUPPLY COMPANY NOT INCLUDED IN 51, 52, OR 53. (REVISED 10/93 TO MEAN MEDICAL SUPPLY COMPANY FOR DMERC)
55 = INDIVIDUAL CERTIFIED ORTHOTIST
56 = INDIVIDUAL CERTIFIED PROSTHETIST
57 = INDIVIDUAL CERTIFIED PROSTHETIST-ORTHOTIST
58 = INDIVIDUALS NOT INCLUDED IN 55, 56, OR 57 (REVISED 10/93 TO MEAN MEDICAL SUPPLY COMPANY WITH REGISTERED PHARMACIST)
59 = AMBULANCE SERVICE SUPPLIER, E.G., PRIVATE AMBULANCE COMPANIES, FUNERAL HOMES, ETC.
60 = PUBLIC HEALTH OR WELFARE AGENCIES (FEDERAL, STATE, AND LOCAL)
61 = VOLUNTARY HEALTH OR CHARITABLE AGENCIES (E.G., NATIONAL CANCER SOCIETY, NATIONAL HEART ASSOCIATION, CATHOLIC CHARITIES)
62 = PSYCHOLOGIST (BILLING INDEPENDENTLY)
63 = PORTABLE X-RAY SUPPLIER
64 = AUDIOLOGIST (BILLING INDEPENDENTLY)
65 = PHYSICAL THERAPIST (INDEPENDENTLY PRACTICING)
66 = RHEUMATOLOGY (EFF 5/92) NOTE: DURING 93/94 DMERC ALSO USED THIS TO MEAN MEDICAL SUPPLY COMPANY WITH RESPIRATORY THERAPIST
67 = OCCUPATIONAL THERAPIST (INDEPENDENTLY PRACTICING)
68 = CLINICAL PSYCHOLOGIST
69 = CLINICAL LABORATORY (BILLING INDEPENDENTLY)
70 = MULTISPECIALTY CLINIC OR GROUP PRACTICE
71 = DIAGNOSTIC X-RAY (GPPP) (NOT TO BE ASSIGNED AFTER 5/92)

1 PART B PHYSICIAN/SUPPLIER PROCEDURE SUMMARY MASTER RECORD

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS

				72 = DIAGNOSTIC LABORATORY (GPPP) (NOT TO BE ASSIGNED AFTER 5/92) 73 = PHYSIOTHERAPY (GPPP) (NOT TO BE ASSIGNED AFTER 5/92) 74 = OCCUPATIONAL THERAPY (GPPP) (NOT TO BE ASSIGNED AFTER 5/92) 75 = OTHER MEDICAL CARE (GPPP) (NOT TO ASSIGNED AFTER 5/92) 76 = PERIPHERAL VASCULAR DISEASE (EFF 5/92) 77 = VASCULAR SURGERY (EFF 5/92) 78 = CARDIAC SURGERY (EFF 5/92) 79 = ADDICTION MEDICINE (EFF 5/92) 80 = LICENSED CLINICAL SOCIAL WORKER 81 = CRITICAL CARE (INTENSIVISTS) (EFF 5/92) 82 = HEMATOLOGY (EFF 5/92) 83 = HEMATOLOGY/ONCOLOGY (EFF 5/92) 84 = PREVENTIVE MEDICINE (EFF 5/92) 85 = MAXILLOFACIAL SURGERY (EFF 5/92) 86 = NEUROPSYCHIATRY (EFF 5/92) 87 = ALL OTHER SUPPLIERS (E.G. DRUG AND DEPARTMENT STORES) (NOTE: DMERC USED 87 TO MEAN DEPARTMENT STORE FROM 10/93 THROUGH 9/94; RECODED EFF 10/94 TO A7; NCH CROSS-WALKED DMERC REPORTED 87 TO A7. 88 = UNKNOWN SUPPLIER/PROVIDER SPECIALTY (NOTE: DMERC USED 87 TO MEAN GROCERY STORE FROM 10/93 - 9/94; RECODED EFF 10/94 TO A8; NCH CROSS-WALKED DMERC REPORTED 88 TO A8. 89 = CERTIFIED CLINICAL NURSE SPECIALIST 90 = MEDICAL ONCOLOGY (EFF 5/92) 91 = SURGICAL ONCOLOGY (EFF 5/92) 92 = RADIATION ONCOLOGY (EFF 5/92) 93 = EMERGENCY MEDICINE (EFF 5/92) 94 = INTERVENTIONAL RADIOLOGY (EFF 5/92) 95 = INDEPENDENT PHYSIOLOGICAL LABORATORY (EFF 5/92) 96 = OPTICIAN (EFF 10/93) 97 = PHYSICIAN ASSISTANT (EFF 5/92) 98 = GYNECOLOGIST/ONCOLOGIST (EFF 10/94) 99 = UNKNOWN PHYSICIAN SPECIALTY A0 = HOSPITAL (EFF 10/93) A1 = SNF (EFF 10/93) A2 = INTERMEDIATE CARE NURSING FACILITY (EFF 10/93) A3 = NURSING FACILITY, OTHER (EFF 10/93) A4 = HHA (EFF 10/93) A5 = PHARMACY (EFF 10/93) A6 = MEDICAL SUPPLY COMPANY WITH RESPIRATORY

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					THERAPIST (EFF 10/93) A7 = DEPARTMENT STORE (FOR DMERC USE: EFF 10/94, BUT CROSS-WALKED FROM CODE 87 EFF 10/93) A8 = GROCERY STORE (FOR DMERC USE: EFF 10/94, BUT CROSS-WALKED FROM CODE 88 EFF 10/93) COMMENT: INFORMATION ON PHYSICIAN SPECIALTY IS AVAILABLE FROM DIRECTORIES ISSUED BY THE AMERICAN MEDICAL ASSOCIATION AND STATE AND LOCAL MEDICAL SOCIETIES. PHYSICIANS ARE CONSIDERED SPECIALISTS IF THEY CONSIDER THEMSELVES SPECIALISTS AND SO CLASSIFY THEMSELVES REGARDLESS OF WHETHER OR NOT THEY ARE CERTIFIED BY SPECIALTY BOARDS OR ELIGIBLE FOR CERTIFICATION. FOR PHYSICIANS WITH MORE THAN ONE SPECIALTY, ENTER THE MAJOR SPECIALTY OF THE PHYSICIAN ON ALL HIS SUBMITTED SUMMARY RECORDS. DO NOT VARY THE SPECIALTY CODE WITH THE DIFFERENT TYPES OF SERVICE REPORTED BY THAT PHYSICIAN.
4. CARRIER NUMBER	CHAR	5	10	14	HCFA ASSIGNED IDENTIFICATION NUMBER STANDARD ALIAS: FICARR_IDENT_NUM SAS ALIAS: CARRIER
5. PRICING LOCALITY CODE	CHAR	2	15	16	CODE THAT IDENTIFIES THE CARRIER PRICING LOCALITY. STANDARD ALIAS: PRCNG_LCLTY_CD SAS ALIAS: LOCALITY LIMITATIONS: FOR DME REGIONAL CARRIER (DMERC) PROCESSED SERVICES THIS IS THE BENEFICIARY RESIDENCE STATE CODE INDICATING WHERE THE SERVICE WAS PRICED. FOR SERVICES PROCESSED BY OTHER CARRIERS THE LOCALITY CODE IS BOTH THE PERFORMING AND PRICING LOCATION. TO DETERMINE THE PRICING AND PERFORMING LOCATION FOR DMERC PROCESSED SERVICES USE THE DME (RIC M) STANDARD ANALYTICAL FILES AND USE THE BENEFICIARY RESIDENCE STATE CODE FOR THE PRICING LOCATION AND THE PROVIDER

STATE CODE FOR THE PERFORMING LOCATION.

6. TYPE OF SERVICE CODE	CHAR	1	17	17	HCFA TYPE OF SERVICE CODES.

STANDARD ALIAS: HCFA_TYPE_SRVC_CD
SAS ALIAS: TYPESRV

CODES:
1 = MEDICAL CARE
2 = SURGERY

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					3 = CONSULTATION 4 = DIAGNOSTIC RADIOLOGY 5 = DIAGNOSTIC LABORATORY 6 = THERAPEUTIC RADIOLOGY 7 = ANESTHESIA 8 = ASSISTANT AT SURGERY 9 = OTHER MEDICAL ITEMS OR SERVICES 0 = WHOLE BLOOD OR PACKED RED CELLS A = USED DURABLE MEDICAL EQUIPMENT (DME) B = HIGH RISK SCREENING MAMMOGRAPHY C = LOW RISK SCREENING MAMMOGRAPHY D = AMBULANCE (EFF 04/95) E = ENTERAL/PARENTERAL NUTRIENTS/SUPPLIES (EFF 04/95) F = AMBULATORY SURGICAL CENTER (FACILITY USAGE FOR SURGICAL SERVICES) G = IMMUNOSUPPRESSIVE DRUGS H = HOSPICE SERVICES (DISCONTINUED 01/95) I = PURCHASE OF DME (INSTALLMENT BASIS) (DISCONTINUED 04/95) J = DIABETIC SHOES (EFF 04/95) K = HEARING ITEMS AND SERVICES (EFF 04/95) L = ESRD SUPPLIES (EFF 04/95) (RENAL SUPPLIER IN THE HOME BEFORE 04/95) M = MONTHLY CAPITATION PAYMENT FOR DIALYSIS N = KIDNEY DONOR P = LUMP SUM PURCHASE OF DME, PROSTHETICS, ORTHOTICS Q = VISION ITEMS OR SERVICES R = RENTAL OF DME S = SURGICAL DRESSINGS OR OTHER MEDICAL SUPPLIES (EFF 04/95) T = PSYCHOLOGICAL THERAPY U = OCCUPATIONAL THERAPY V = PNEUMOCOCCAL/FLU/HEPATITIS B VACCINE (EFF 04/95) (PNEUMOCOCCAL ONLY BEFORE 04/95) W = PHYSICAL THERAPY

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                                                        Y = SECOND OPINION ON ELECTIVE SURGERY
                                                        Z = THIRD OPINION ON ELECTIVE SURGERY

   7. PLACE OF SERVICE CODE        CHAR      2    18   19  PLACE OF SERVICE CODE.

                                                        SAS ALIAS: PLACESRV

                                                        CODES:
                                                                    **PRIOR TO 1/92**

                                                        1 = OFFICE
                                                        2 = HOME
                                                        3 = INPATIENT HOSPITAL
                                                        4 = SNF
                                                        5 = OUTPATIENT HOSPITAL
                                                        6 = INDEPENDENT LAB
                                                        7 = OTHER
1                             PART B PHYSICIAN/SUPPLIER PROCEDURE SUMMARY MASTER RECORD

                                                POSITIONS
                 NAME              TYPE  LENGTH BEG  END                          CONTENTS
      ---------------------------  ----  ------ ---------  ------------------------------------------------------------
                                                        8 = INDEPENDENT KIDNEY DISEASE TREATMENT
                                                            CENTER
                                                        9 = AMBULATORY
                                                        A = AMBULANCE SERVICE
                                                        H = HOSPICE
                                                        M = MENTAL HEALTH, RURAL MENTAL HEALTH
                                                        N = NURSING HOME
                                                        R = RURAL CODES

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                                                                     **EFFECTIVE 1/92**

                                                        11 = OFFICE
                                                        12 = HOME
                                                        21 = INPATIENT HOSPITAL
                                                        22 = OUTPATIENT HOSPITAL
                                                        23 = EMERGENCY ROOM - HOSPITAL
                                                        24 = AMBULATORY SURGICAL CENTER
                                                        25 = BIRTHING CENTER
                                                        26 = MILITARY TREATMENT FACILITY
                                                        31 = SKILLED NURSING FACILITY
                                                        32 = NURSING FACILITY
                                                        33 = CUSTODIAL CARE FACILITY
                                                        34 = HOSPICE
                                                        41 = AMBULANCE - LAND
                                                        42 = AMBULANCE - AIR OR WATER
                                                        51 = INPATIENT PSYCHIATRIC FACILITY
                                                        52 = PSYCHIATRIC FACILITY PARTIAL HOSPITAL-
                                                             IZATION
                                                        53 = COMMUNITY MENTAL HEALTH CENTER
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54 = INTERMEDIATE CARE FACILITY/MENTALLY RETARDED
55 = RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
56 = PSYCHIATRIC RESIDENTIAL TREATMENT CENTER
61 = COMPREHENSIVE INPATIENT REHABILITATION FACILITY
62 = COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY
65 = END STAGE RENAL DISEASE TREATMENT
71 = STATE OR LOCAL PUBLIC HEALTH CLINIC
72 = RURAL HEALTH CLINIC
81 = INDEPENDENT LABORATORY
99 = OTHER UNLISTED FACILITY

8. SECOND MODIFIER	CHAR	2	20	21	IF MULTIPLE MODIFIERS ARE USED TO DETERMINE ALLOWED CHARGES, THIS IS THE SECOND MODIFIER USED. STANDARD ALIAS: HCPCS_MDFR_CD SAS ALIAS: MOD2 EDIT-RULES:

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					IF MULTIPLE MODIFIERS WERE USED TO DETERMINE PREVAILING CHARGE, SHOW THE SECOND MODIFIER USED. CODE MUST BE IN INITIAL MODIFIER IF SECOND MODIFIER IS USED. IF MORE THAN 2 MODIFIERS ARE USED, CODE THIS FIELD AS '99'. IF SECOND MODIFIER IS NOT USED, LEAVE BLANK. EFFECTIVE WITH 1986 FILES.
9. REGION	CHAR	2	22	23	THIS CODE IDENTIFIES HHS REGIONS. SAS ALIAS: REGION CODES: 01 = BOSTON 02 = NEW YORK 03 = PHILADELPHIA 04 = ATLANTA 05 = CHICAGO 06 = DALLAS 07 = KANSAS CITY 08 = DENVER

					09 = SAN FRANCISCO 10 = SEATTLE 11 = TRAVELERS RAILROAD
10. TOTAL SERVICES COUNT	PACK	5	24	28	UNDUPLICATED COUNT OF THE TOTAL NUMBER OF TIMES THAT THIS PROCEDURE CODE/MODIFIER/ SECOND MODIFIER OCCURRED WITHIN THIS CARRIER, LOCALITY, SPECIALTY, T/S, P/S SEQUENCE AS REPORTED BY, OR ON BEHALF OF A BENEFICIARY. DUPLICATES ARE NOT COUNTED. 8 DIGITS SIGNED COBOL ALIAS: FREQ COMMENT: FOR BILLS SUBMITTED FOR AN AMBULANCE, OXYGEN OR BLOOD PROCEDURE, THE FREQUENCY INDICATES THE NUMBER OF TIMES THAT PROCEDURE WAS SUB-MITTED. THE NUMBER OF AMBULANCE MILES OR OXYGEN CUBIC FEET OR POUNDS (WHERE APPRO-PRIATE) OR PINTS OF BLOOD IS REFLECTED IN THE MTUS. FOR ANESTHESIA BILLS, THE FREQUENCY REFLECTS THE NUMBER OF TIMES THAT PROCEDURE WAS SUB-MITTED. THE MTUS FIELD INDICATES ONLY THE NUMBER OF TIME UNITS INVOLVED. SEE (MODI-FIER UNITS) AND (BASE UNITS) FOR ADDITIONAL FIELDS RELATING TO ANESTHESIA ONLY.

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
11. MILES TIME UNITS OR SERVICES (MTUS)	PACK	5	29	33	THE TOTAL NUMBER OF MILES (OR UNITS) USED IN CALCULATING ALLOWED CHARGES FOR COVERED TRANSPORTATION, OR THE TOTAL NUMBER OF ANESTHESIA UNITS USED IN CALCULATING ALLOWED CHARGES FOR COVERED ANESTHESIA SERVICES, OR THE TOTAL NUMBER OF UNITS (PINTS) OF BLOOD ALLOWED, OR THE TOTAL NUMBER OF CUBIC FEET (OR POUNDS) OF OXYGEN USED IN CALCULATING ALLOWED CHARGES FOR COVERED OXYGEN SERVICES, OR THE NUMBER OF SERVICES USED IN CALCULATING ALLOWED CHARGES FOR ALLOWED PHYSICIAN/

SUPPLIER SERVICES.

8 DIGITS SIGNED

SAS ALIAS: MTUS

12. ANESTHESIA UNITS	PACK	5	29	33	REDEFINITION OF: MILES-TIME-UNITS REDEFINITION MILES, TIME, UNITS OR SERVICES ALLOWED *ANESTHESIA TIME UNITS ONLY* (PROCEDURE FILE) MTUS INDICATOR 2 - TOTAL NUMBER OF ANESTHESIA TIME UNITS USED IN CALCULATING ALLOWED CHARGES FOR ALLOWED ANESTHESIA SERVICES 7.1 DIGITS SIGNED COBOL ALIAS: MTUS-ANES
13. MILES TIME UNITS INDICATOR	CHAR	1	34	34	SAS ALIAS: MTUIND CODES: 1 = AMBULANCE MILES 2 = ANESTHESIA TIME UNITS 3 = SERVICES 4 = OXYGEN UNITS 5 = UNITS OF BLOOD 0 = NO ALLOWED ACTIVITIES
14. SUBMITTED CHARGES AMOUNT	PACK	5	35	39	TOTAL SUBMITTED CHARGES FROM ALL LINE ITEMS FOR THIS SERVICE INCLUDED IN 'TOTAL SERVICES COUNT'. 9 DIGITS SIGNED

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					SAS ALIAS: SBMTCHRG EDIT-RULES: ROUNDED TO NEAREST DOLLAR
15. ALLOWED CHARGES AMOUNT	PACK	5	40	44	TOTAL ALLOWED CHARGES FROM ALL ACCEPTED LINE ITEMS (INCLUDING DEDUCTIBLE) FOR THIS SERVICE.

					9 DIGITS SIGNED COBOL ALIAS: ALLWD-CHARGE SAS ALIAS: ALOWCHRG
16. DENIED SERVICES COUNT	PACK	4	45	48	THE TOTAL NUMBER OF TIMES THAT THE SERVICE COUNTED IN 'TOTAL SERVICES COUNT' HAS BEEN DENIED BECAUSE OF COVERAGE OR MEDICAL NECESSITY. 7 DIGITS SIGNED SAS ALIAS: DENSRV EDIT-RULES: IF NONE DENIED, SHOW ZERO. RIGHT JUSTIFY.
17. DENIED AMOUNT	PACK	4	49	52	THE TOTAL SUBMITTED CHARGE FOR THE SERVICES (SHOWN IN DENIED SERVICES) WHICH HAVE BEEN DENIED. 7 DIGITS SIGNED SAS ALIAS: DENAMT EDIT-RULES: RIGHT JUSTIFY. ROUND TO NEAREST DOLLAR. IF NONE DENIED, SHOW ZEROS.
18. ASSIGNED SERVICES COUNT	PACK	5	53	57	THE NUMBER OF TIMES THE SERVICE SHOWN IN 'TOTAL SERVICES COUNT' WAS PROVIDED ON ASSIGNMENT. 8 DIGITS SIGNED SAS ALIAS: ASGNSRV EDIT-RULES: RIGHT JUSTIFY. ZERO IS SHOWN IF THE SERVICE WAS NEVER SUBMITTED ON AN ASSIGNED CLAIM.
19. PAYMENT AMOUNT	PACK	5	58	62	THE AMOUNT PAID BY MEDICARE. PASS-THRU,

NAME	TYPE	LENGTH	POSITIONS BEG	POSITIONS END	CONTENTS
					INTERIM LUMP SUM ADJUSTMENTS, AND COST STATEMENT SETTLEMENTS NOT INCLUDED.

					9 DIGITS SIGNED SAS ALIAS: PAYMTAMT COMMON ALIAS: REIMBURSEMENT EDIT-RULES: $$$$$$$$$ ZEROS = DEDUCTIBLE HAS NOT BEEN MET.
20. HCPCS ASC PAYMENT GROUP CODE	CHAR	1	63	63	THE CODE WHICH REPRESENTS THE DOLLAR AMOUNT OF THE FACILITY CHARGE PAYABLE BY MEDICARE FOR THE PROCEDURE. THE PAYMENT GROUPS ARE UPDATED PERIODICALLY ON AN AD HOC BASIS. STANDARD ALIAS: HCPCS_ASC_PMT_GRP_CD SAS ALIAS: ASCIND EDIT-RULES: RANGE: 1 TO 9 BLANK = NOT APPROVED FOR ASC
21. ERROR INDICATOR CODE	CHAR	1	64	64	SAS ALIAS: ERRORIND CODES: BLANK = NO ERRORS B = BOTH NUMERIC AND INDICATOR ERRORS C = INDICATOR FIELDS IN ERROR M = NUMERIC FIELDS IN ERROR
22. FILLER	CHAR	6	65	70	

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